Announcing the

2016-2017

Missouri Regional

Teacher of the Year
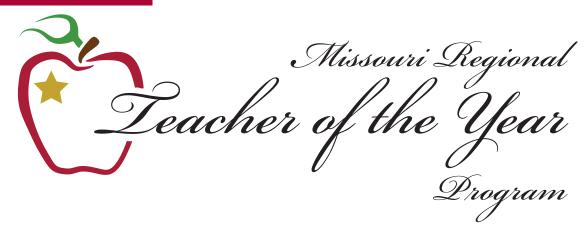
Program

Application Information

DEADLINE FOR ENTRIES:

June 15, 2016

INCLUDES:

- Rules for candidates
- Directions for submitting application

2016-2017

Missouri Regional

Teacher of the Year

Program

The Missouri Regional Teacher of the Year Program is affiliated with the Missouri State Teacher of the Year Program that is conducted annually by the Department of Elementary and Secondary Education. This Regional Teacher of the Year program is designed to focus public attention on excellence in teaching and to honor classroom teachers.

Who is Eligible?

Candidates must be certified, full-time, public or charter school educators. All Pre-K through 12 classroom teachers, career technical educators, guidance counselors, and library media specialists (or holding a similar position) who are actively engaged in classroom teaching are eligible for this recognition.

A candidate must be a dedicated, knowledgeable and skilled educator in any state-approved or accredited school who is planning to continue in an active teaching status. There are three additional requirements:

• Candidates must inspire students of all backgrounds and abilities to learn;

• They must have the respect and admiration of students, parents and colleagues; and

• They must play an active role in the community, providing service and leadership.

Nominating Procedures

Local nominating procedures vary. Teachers may be nominated at the building/district level if school districts have established site procedures for nominating candidates. For those districts that do not have site procedures in place, teachers may be nominated by parents, students, community members, colleagues or administrators.

Selection Process

The regional selection committee is composed of individuals from the teacher organizations, administrator organizations and higher education. A representative from the Regional Service Center will serve as committee facilitator. The selection committee will review candidate applications and select the Regional Teacher(s) of the Year by July 17, 2016. The selection process may vary from region to region. Contact your Regional Service Center for additional information. Regional Teacher(s) of the Year are invited to apply for the Missouri State Teacher of the Year Program.

Each candidate for the Missouri Regional Teacher of the Year Program must submit application materials electronically to linda.dooling@dese.mo.gov. Candidates must adhere to the guidelines listed below. Instructions for submitting your application can be found on the Missouri Teacher of the Year website. Signatures of the applicant, the applicant's principal and superintendent must be provided on the cover page of the application. Applicants not providing the required signatures will not be considered as candidates.

All application pages for sections II-V (below) must meet the following guidelines:
- Page margins: left margin – minimum 1 inch; right margin – minimum .75 (or 3/4) inch; top and bottom margins – minimum 1 inch
- Line spacing: minimum 1.5 spaces; double spacing recommended
- Font and print size: font – Times New Roman, Arial, Calibri or Cambria; minimum 10-point type
- Pages numbered beginning with Section II
- Section title at the top of the page of each section
- Limited to the designated number of pages per section; no additional pages will be considered

Applications must include all of the following:
I.   **Application Cover Page** (see page 4)

II.   **Resume** (list most-recent activities first, two page limit)
   A. Colleges and universities attended including postgraduate studies. Indicate degrees earned, dates of attendance and specify if it was a traditional or alternative teacher training program;
   B. Teaching employment history indicating time period, grade level and subject areas;
   C. Professional association memberships including information regarding offices held and other relevant activities;
   D. Staff development leadership activities and other leadership activities; and
   E. Awards and other recognitions of your teaching.

Essays:
III. **Professional Biography** (two page limit)
   A. What factors influenced you to become a teacher? Describe what you consider to be your greatest contributions to and accomplishments in education. Please include any compelling information.

IV.   **Philosophy of Teaching** (two pages)
   A. Describe your personal feelings and beliefs about teaching, including your own ideas on what makes you an outstanding teacher. Describe the rewards you personally find in teaching.
   B. How are your beliefs about teaching demonstrated in your personal teaching style?

V.   **Student Success** (two pages)
   A. Describe how your teaching practices demonstrate a strong ability to foster excellence in education through improved student learning. Consider assessment methods, use of data, differentiation, engagement, and so forth.
   B. Cite evidence of student academic growth as a result of your classroom practices.

Save to Computer

Missouri Regional *Teacher of the Year* *Program*

Please type the required information (use the tab key to navigate) and save to your computer using the button above. Print this page and obtain signatures where indicated. After signatures are obtained, scan and save this page for emailing.

Nominee name:_____ Home phone:_____

E-mail address:_____ Cell phone:_____

Home address:_____ School phone:_____

City:_____State:_____ ZIP code:_____ Fax:_____

Major subject area (if any):_____ Grade level:_____

Total years of teaching experience:_____   Years in present position:_____

I hereby give my permission that any or all of the attached materials may be shared with persons interested in promoting the Teacher of the Year Program.

Signature of nominee: *(for mailed copy of application)*_____

Principal name:_____ Telephone:_____

E-mail address:_____ Fax:_____

School name:_____

School address:_____

City:_____State:_____ ZIP code:_____

Number of students – building:_____

Signature of principal: *(for mailed copy of application)*_____

Superintendent name:_____ Telephone:_____

E-mail address:_____ Fax:_____

District name:_____County/District code:_____

District address:_____

City:_____State:_____ ZIP code:_____

Number of students – district:_____

Signature of superintendent: *(for mailed copy of application)*_____